



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVEN H. HILFINGER  
DIRECTOR

ELEVATOR SAFETY BOARD  
BUREAU OF CONSTRUCTION CODES  
Conference Room 3, First Floor  
2501 Woodlake Circle  
Okemos, MI 48864

**AGENDA**

January 20, 2012  
9:30 a.m.

1. Call to Order and Determination of Quorum
  - a. Nomination and election of Vice Chairperson
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – November 4, 2011 (Pages 3-7)
4. Review of Elevator Contractor License Examination Applications:
  - a. Douglas E. Priehs, Class A, Re-Exam (Pages 8-12)
5. Review of Elevator Certificate of Competency Examination Applications:
  - a. Vance Hickey, General Inspector (Pages 13-15)
  - b. William J. Munch, General Inspector (Pages 16-19)
6. Waiver Requests
  - a. Schindler Elevator Corporation, Lakeland Health Care, Niles (Pages 20-31)

*Providing for Michigan's Safety in the Built Environment*

LARA is an equal opportunity employer  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

7. Unfinished Business

- a. University of Michigan, Generator testing report
- b. Committee to review Inclined Elevator for application in commercial use.
- c. Mr. Jon Helmuth's Journeyperson Examination Application (Pages 32-40)

8. Legislative Update

9. Division Report

- a. Chief's Report - Cal Rogler
- b. Accident Report

10. New Business

11. Public Comment

12. 2012 Schedule, March 23<sup>rd</sup>, June 8<sup>th</sup>, August 24<sup>th</sup>, November 2<sup>nd</sup>

13. Adjournment

The meeting site and parking is accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional services (such as materials in alternative format) in order to participate in the meeting should call Lynn Weston at (517) 241-9337 at least 10 work days before the event.



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**ELEVATOR SAFETY BOARD**  
BUREAU OF CONSTRUCTION CODES  
Conference Room 3, First Floor  
2501 Woodlake Circle  
Okemos, Michigan 48864

**MINUTES**  
November 4, 2011  
9:30 a.m.

**MEMBERS PRESENT**

Mr. David Flint, Chair  
Mr. David Kuras  
Ms. Erin C. Modiano  
Mr. William J. Kogelschatz  
Mr. Donald J. Purdie, Jr.  
Mr. David Taylor  
Mr. Mark A. Smith

**MEMBERS ABSENT**

Mr. George Svinicki  
Mr. Eric Thomas  
Mr. Antwane M. Maddox

**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS PERSONNEL**  
**ATTENDING**

Mr. Calvin Rogler, Chief, Elevator Safety Division  
Ms. Lynn Weston – Office Supervisor, Elevator Safety Division  
Mr. Keith Lambert – Deputy Director, BCC  
Mr. Ralph Arceo, General Inspector, Elevator Safety Division

**OTHERS IN ATTENDANCE**

Mr. William J. Munch – Contractor Exam Applicant  
Mr. Douglas E. Priehs – Contractor Exam Applicant  
Mr. James Howard – Contractor Exam Applicant  
Mr. Michael Kinsella - Contractor Exam Applicant  
Mr. Barry Mol - Contractor Exam Applicant  
Mr. Sean Patrick Mullett - Contractor Exam Applicant  
Mr. Dwight C. Govan – Certificate of Competency Exam Applicant  
Ms. Nancy Short – Governor Rick Snyder's Office

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1. **CALL TO ORDER AND DETERMINATION OF QUORUM**

Chairperson Flint called the meeting to order at approximately 9:30 a.m. A quorum was determined present at that time.

2. **APPROVAL OF AGENDA**

A **MOTION** was made by Board member David Kuras and supported by Board member William Kogelschatz to approve the agenda. **MOTION CARRIED.**

3. **APPROVAL OF MINUTES**

A **MOTION** was made by Board member William Kogelschatz and supported by Board member Dave Kuras to approve the minutes of the August 26, 2011 meeting. **MOTION CARRIED.**

4. **REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS:**

- a. James Howard, Class C
- b. Michael Kinsella, Class C
- c. Barry Mol, Class A
- d. William J. Munch, Class A, Re-Exam
- e. Sean Patrick Mullett, Class A, Re-Exam
- f. Douglas E. Priehs, Class A, Re-Exam

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and supported by Board member David Kuras to deny James Howard to take the Class C Contractor examination. Specifically the board noted the following:

Applicant is requested to provide documentation regarding the overall scope of his Class C service and installation experience.

**MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and supported by Board member William Kogelschatz to deny Michael Kinsella to take the Class C Contractor examination. Specifically the board noted the following:

Applicant is requested to provide documentation regarding the overall scope of his Class C service and installation experience.

**MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and supported by Board member William Kogelschatz to approve Barry Mol to take the Class A Contractor examination. **MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and supported by Board member William Kogelschatz to approve William J. Munch to take the Class A Contractor examination. **MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Taylor and supported by Board member David Kuras to approve Sean Patrick Mullett to take the Class A Contractor examination. **MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and supported by Board member David Kuras to approve Douglas E. Priehs to take the Class A Contractor examination. **MOTION CARRIED.**

5. **REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY EXAMINATION APPLICATIONS:**

- a. Dwight C. Govan, General Inspector (Pages 32-47)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and supported by Board member David Kuras to approve Dwight C. Govan to take the Certificate of Competency examination. **MOTION CARRIED.**

6. **EXAMINATIONS**

A **MOTION** was made by Board member David Kuras and supported by Board member Donald J. Purdie, Jr. to grant the appropriate license/certificate to examinees if they successfully pass their respective exams and pay the appropriate licensing fees. **MOTION CARRIED**

7. **WAIVER REQUESTS**

None.

8. **UNFINISHED BUSINESS**

- a. **U of M Generator Testing report** – Division Chief Cal Rogler indicated that there are 3 elevators left that are currently in the testing phase. This testing should be completed in December and it is anticipated that the test report will be communicated at the next board meeting.
- b. **Committee to review Inclined Elevator for application in commercial use** – Division Chief Cal Rogler indicated that this review is finished and was found unacceptable. The committee response to the board will be communicated at the next board meeting.
- c. **Mr. Jon Helmuth's Journeyman examination application** - Division Chief Cal Rogler contacted Mr. Helmuth to inquire on his progress on gathering the requested documentation regarding the overall scope of his installation and service experience. Mr. Helmuth has asked that his request be tabled until the next board meeting as he has been unable to complete his documentation.

A **MOTION** was made by Board member William Kogelschatz and supported by Board member David Kuras to table Mr. Helmuth's Journeyman examination application request until the next board meeting **MOTION CARRIED**

9. **LEGISLATIVE UPDATE**

Information presented by Mr. Keith Lambert, Deputy Director, BCC.

House Bill 4561 regarding the schedule of a 6 year adoption of the code cycle rather than a 3 year code cycle, this was voted out of the committee and is currently stalled, there is no action at this time.

House Bill 5011 regarding the ability of government bodies to privatize, this is being lobbied but at this point does not appear to affect elevator inspectors, however it does deal with the Construction Code Act and it appears to affect mechanical, plumbing, plan review, and electrical industries.

10. **DIVISION REPORT**

- a) Chief's report - C. Rogler

Wind Tower Service Lifts – There is no language to currently regulate these lifts under ASME A17.1 so we have partnered with MIOSHA to cover these under their general industry standards until such time as these lifts are covered in ASME A17.1 which could be several years.

b) Accident report review –

The board had questions regarding an accident that occurred with a freight III elevating device, serial #11286. This accident was reviewed and discussed.

11. NEW BUSINESS

Schindler Elevator Corporation has provided documentation in response to the request by the board at the August 26, 2011 meeting regarding whether to allow the variance on Suspension Traction Media (STM) Elastomeric Coated Steel Suspension and their Connections based on review of the impact of freezing temperatures down to -25 degrees Fahrenheit. The board reviewed and discussed. Copy of documents to be placed in manufacturers file.

12. PUBLIC COMMENT

Discussions regarding sales of platform lifts and stairway chairlifts.

Discussions regarding Class C licenses.

13. ADJOURNMENT

A **MOTION** was made by Board member David Kuras and supported by Board member William Kogelschatz to adjourn the meeting at approximately 11:32 a.m. **MOTION CARRIED.**

APPROVED:

\_\_\_\_\_  
Chair, Elevator Safety Board

\_\_\_\_\_  
Date

**Application for Elevator Contractor License Examination**  
 Michigan Department of Energy, Labor & Economic Growth  
 Bureau of Construction Codes  
 Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337  
 www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	12/20/11
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Energy, Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journeyman in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

Tran Info: 183 17318298-1 12/14/11  
 Chk#: 5334 Amt: \$100.00  
 ID: DOUGLAS PRIEHS

**APPLICANT INFORMATION**

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME Douglas E Priehs		SOCIAL SECURITY NUMBER* [REDACTED]
ADDRESS [REDACTED]		TELEPHONE NUMBER (Include Area Code) [REDACTED]
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]

**COMPANY REPRESENTING**

COMPANY NAME DTE		
ADDRESS 3500 E. Front ST		BUSINESS TELEPHONE NUMBER (Include Area Code) 734 755-0892
CITY Monroe	STATE MI	ZIP CODE 48161

**REFERENCES** - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor, journeyman or equivalent.

NAME William Munch			NAME Michael Cronk		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]
NAME Matthew Miska			NAME Brenda Mullett		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

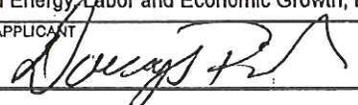
**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <b>DTE Energy</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>3500 East Front St</b>			CITY <b>Monroe</b>	STATE <b>MI</b>
			FROM: <b>2/8/08</b>	TO: <b>Present</b>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Journeyman</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>Michael Cronk supervisor</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Maintenance, Service, Repair, Adjust.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction, geared, gearless, Hydraulics direct, Some Escalators</b>				
NAME OF PREVIOUS EMPLOYER <b>Thyssen Krupp Elevator</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>31850 Industrial Dr.</b>			CITY <b>Livonia</b>	STATE <b>MI</b>
			FROM: <b>7/7/03</b>	TO: <b>2/5/08</b>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Apprentice/Journeyman</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>Rod Kerns, supervisor</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Construction, mods, Service, Repair, Escalators</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction geared, direct Hydros. T.K. Escalators</b>				
NAME OF PREVIOUS EMPLOYER <b>Amtech Elevator</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>99 W. Willis</b>			CITY <b>Detroit</b>	STATE <b>MI</b>
			FROM: <b>1/20/97</b>	TO: <b>7/1/03</b>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Apprentice</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>Eric Pierson, supervisor</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Mods, Service, Repair</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction geared + gearless, Escalators.</b>				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE <b>12-12-11</b>

**EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)**

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <i>General Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>7/6/95</i> TO: <i>4/9/97</i>	
ADDRESS <i>1410 Racho Rd</i>	CITY <i>Taylor</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Douglas Scott</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Modernization, Service, Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>geared, gearless, Hydros.</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT <i>Alwayne [Signature]</i>	DATE <i>12-12-11</i>

DTE Energy Company  
One Energy Plaza, Detroit, MI 48226-1279

**DTE Energy**



February 14, 2011

Michigan Department of Energy, Labor & Economic Growth  
Bureau of Construction Codes  
Elevator Safety Division  
Elevator Safety Board  
P.O. Box 30255  
Lansing, Michigan 48909

Dear Gentlemen,

This letter is to verify the employment of Douglas Priehs at DTE Energy. Doug's Class A State of Michigan Elevator Journeyman license number is #2200094. Doug has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2008. Doug is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.

Stephen Orsargos  
DTE Energy Manager Facility Operations  
Room 1815 WCB  
One Energy Plaza  
Detroit, MI 48226  
313.235.7173

# ThyssenKrupp Elevator



ThyssenKrupp

February 28, 2011

State of Michigan  
Elevator Safety Division  
P.O. Box 30254  
Lansing, MI 48909

Re: Douglas Priehs

To Whom It May Concern:

This letter is to certify that Douglas Priehs worked for ThyssenKrupp Elevator Company, 35432 Industrial Road, Livonia, MI 48150, as an Elevator Mechanic's Apprentice from August 2003-February 2008. He has worked on new installation, repair and maintenance of Traction and Hydraulic Elevators, Escalators, Chairlifts and Dumbwaiters.

He started working in the Elevator Industry on July 5, 1995.

It is his desire to further qualify himself by examination, and obtain a State of Michigan Contractor's License on his own abilities.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Mullett".

Brenda Mullett  
Office Manager

Cc: Employee File

**Application for Elevator Certificate of Competency Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes

Elevator Safety Division  
 P.O. Box 30255  
 Lansing, MI 48909  
 517-241-9337  
 www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	12-12-11
<input type="checkbox"/> REJECTED	INITIALS
	JAB
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$50.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day preceding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

Plan Info: 183 17248914-1 12/17/11  
 Check: 4908 Amt: \$50.00  
 TO: VANCE HICKEY

**APPLICANT INFORMATION**

TYPE			
<input checked="" type="checkbox"/> General		<input type="checkbox"/> Special	
NAME Vance Hickey		SOCIAL SECURITY NUMBER*	
ADDRESS		TELEPHONE NUMBER (Include Area Code)	
CITY	STATE MI	ZIP CODE	
Do you currently hold an elevator contractor license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____			
Do you currently hold an elevator journeyperson license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. 2260017			

**EDUCATION AND TRAINING**

CHECK THE HIGHEST GRADE COMPLETED	
<input type="checkbox"/> 6 or Less	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year 1986 <input type="checkbox"/> No	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL Akron Fairgrave H.S.	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) Delta College 2yrs.	
SPECIAL TRAINING	

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <i>Thyssen Krupp Elev</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>35432 Industrial</i>			CITY <i>Livonia</i>	STATE <i>Mi</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyman / Adjuster</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Bryan Bailey / Rod Keys</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Construction / Modernization Mainly (gearless) Adjuster</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction Geared &amp; Gearless / Some hydro's</i>				
NAME OF PREVIOUS EMPLOYER <i>Shindler Elev</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>Saginaw Lansing</i>			CITY <i>Mi</i>	STATE <i>Mi</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice / Journeyman</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Tim Therau / Randy Wulley / Pete Long</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>John Diller - Mod's → Maintenance &amp; Service &amp; Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Stage Lifts / Escalators / Geared Cars</i>				
NAME OF PREVIOUS EMPLOYER <i>Thyssen Krupp (Dover)</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>35432 Industrial</i>			CITY <i>Livonia</i>	STATE <i>Mi</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Koy Biddell / MEL</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Hydro's Some traction → John Bergers</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Hydro - traction</i>				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>Nov 22, 2011</i>



## INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

AFFILIATED WITH THE AFL-CIO

### LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911

(517) 882-0100 PHONE

(517) 882-1970 FAX

WILLIAM J. KOGELSCHATZ  
BUSINESS MANAGER

---

December 12, 2011

Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
P.O. Box 30254  
Lansing, MI 48909

ATTN: Cal Rogler, Chief Elevator Inspector

This is to inform you that Vance H. Hickey is well qualified to take the Certificate of Competency Test. Mr. Hickey has been in the elevator trade continually since February 21, 1995 and has continuous experience in service, modernization, maintenance, as well as new elevator installation and construction.

Mr. Hickey is very knowledgeable and a highly respected individual. He gets along well with others and is spoke very highly of amongst his co-workers. I personally believe he would be an attribute to the Elevator Safety Division and do an excellent job of working as a State Inspector. If you have any questions, please feel free to call.

Sincerely,

William J. Kogelschatz

WJK/tlv

**Application for Elevator Certificate of Competency Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 Elevator Safety Division  
 P.O. Box 30255  
 Lansing, MI 48909  
 517-241-9337  
 www.michigan.gov/bcc

OFFICE USE ONLY	
DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	12.21.11
<input type="checkbox"/> REJECTED	INITIALS
<input type="checkbox"/> REJECTED	YMB
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

**EXAMINATION FEE: \$50.00 (nonrefundable)**

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

Tran Info: 183 17318295-1 12/14/11  
 Chk#: 1788 Amt: \$50.00  
 ID: BILL MUNCH

**APPLICANT INFORMATION**

TYPE <input type="checkbox"/> General <input type="checkbox"/> Special		
NAME WILLIAM MUNCH		SOCIAL SECURITY NUMBER* [REDACTED]
ADDRESS [REDACTED]		TELEPHONE NUMBER (Include Area Code) [REDACTED]
CITY [REDACTED]	STATE MICHIGAN	ZIP CODE [REDACTED]
Do you currently hold an elevator contractor license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____		
Do you currently hold an elevator journeyman license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. 2200621		

**EDUCATION AND TRAINING**

CHECK THE HIGHEST GRADE COMPLETED <input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year 1995 <input type="checkbox"/> No	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL DIVINE CHILD HIGH SCHOOL	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) HENRY FORD TRADE SCHOOL - WELDING Program	
SPECIAL TRAINING	

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <b>DTE ENERGY</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>FEB 2008</b> TO: <b>PRESENT</b>	
ADDRESS <b>3500 E. FRONT ST.</b>	CITY <b>MONROE</b>	STATE <b>MICHIGAN</b>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>JOURNEYPERSON</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>MIKE CROWK - CRE SUPERVISOR</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>MAINTENANCE, SERVICE, REPAIR</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION (GEARED &amp; GEARLESS) HYDRAULIC (DIRECT &amp; ROPED) ESCALATORS, DUMBWAITERS</b>				
NAME OF PREVIOUS EMPLOYER <b>SCHINDLER ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>AUG. 1999</b> TO: <b>FEB 2008</b>	
ADDRESS <b>28451 SCHOLL CRAFT RD</b>	CITY <b>LIVONIA</b>	STATE <b>MICHIGAN</b>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>APPRENTICE &amp; JOURNEYPERSON</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>STEVE BYINGTON - CONSTRUCTION SUPERVISOR</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>CONSTRUCTION (TRACTION, HYDRO, ESCALATORS, DUMBWAITERS) MAINTENANCE REPAIR, SERVICE</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION (GEARED &amp; GEARLESS) HYDRAULIC (DIRECT &amp; ROPED) ESCALATORS DUMBWAITERS - MACHINE ROOMLESS GEARED</b>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT 	DATE <b>12-12-11</b>

**Schindler Elevator Corporation**



**Schindler**

Thursday, February 24, 2011  
Mr. Cal Rogler  
State of Michigan  
Department of Consumer & Industry Services  
Bureau of Construction Codes – Elevator Safety Division  
P.O. Box 30254  
Lansing, MI 48909

Subject: William Munch – Application for Contractors License

This letter is to state that Mr. William Munch, State license #2200621 had been employed with Schindler Elevator Corporation since August 23, 1999 through February 4, 2008 and has fulfilled all the requirements that entitle him to be tested for a Contractors License. He had been an excellent employee and would be an excellent contractor.

If you have any questions, please feel free to call our office at the number below.

Sincerely,

Steve Byington  
Field Superintendent



DTE Energy Company  
One Energy Plaza, Detroit, MI 48226-1279

**DTE Energy**

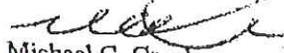


February 14, 2011

Michigan Department of Energy, Labor & Economic Growth  
Bureau of Construction Codes  
Elevator Safety Division  
Elevator Safety Board  
P.O. Box 30255  
Lansing, Michigan 48909

Dear Gentlemen,

This letter is to verify the employment of William Munch at DTE Energy. William's Class A State of Michigan Elevator Journeyman license number is #2200621. William has worked as a State of Michigan Elevator Journeyman at DTE Energy since February 4, 2008. William is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing, adjusting, inspecting, or testing elevators at DTE Energy.

  
Michael G. Cronk  
DTE Energy, Facility General Supervisor  
Room 165  
17150 Allen Road  
Melvindale, Mi. 48122  
313-389-7712

**Schindler Elevator Corporation**



November 1, 2011

Michigan Department of Labor  
Bureau of Construction Codes  
Elevator Safety Division  
P.O. Box 30255  
Lansing, Michigan  
48909

Re: Temporary certificate of operation and Variance request for Lakeland Health Care, State Serial #52204, Permit #71502

Cal,

We are requesting a Temporary certificate of operation for elevator Permit #71502, at Lakeland Health Care, 31 N. St Joseph Ave. Niles, MI. Inspection scheduled for 11/4/2011.

We are also asking to appear before the Elevator Safety Board on January 20, 2012 and request consideration for a Variance of Section 2.2.4 (Pit Access) and Section 2.12.7 (Hoist-way Access).

Per the included letter from the owner representative Ms. Debra Johnson, this Elevator will be operational for approximately 14 months pending the completion of the New Emergency Department addition. After which time the elevator will be taken out of service and completely removed from the building.

We acknowledge and accept the charges for Temporary certificate of operation.

Sincerely,

  
Pete Long  
District Manager  
Schindler Elevator Corporation





October 28, 2011

Mr. Pete Long  
Schindler Elevator Corporation  
3135 Pinetree Road, Suite D  
Lansing, MI 48911

Dear Mr. Long:

Per our conversation on 10/27/11, I would like to explain the intent on the use of the elevator at Lakeland Community Hospital, Niles.

The elevator is intended to be used as a temporary entrance for our patients while we add on to our existing Emergency Department which is very much outdated. Due to the elevation of this entry we needed to install an elevator to give access to the Emergency Department for patients needing emergency services being brought in by ambulances on stretchers. It will take 12 to 14 months to build and renovate the Emergency Department. After the project has been completed we will have no further use for this elevator and will have it closed, decommissioned and removed. The temporary use of this elevator was the only solution we could identify that would give the most immediate access to our Emergency Department by our patients while we constructed our Emergency Department addition.

If you have any questions for concerns, please feel free to contact me at 269.687.1402.

Sincerely,

Debra L. Johnson, RN,BSN,MBA  
Administrator  
Lakeland Community Hospital, Niles

**Application for Elevator Installation Permit**  
 Michigan Department of Labor & Economic Growth  
 Bureau of Construction Codes  
 Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337

OFFICE USE ONLY	
STATE SERIAL NUMBER	52204
PERMIT NUMBER	71502
PERMIT APPROVED BY	C.W.P.
DATE	11/01/11

②

**FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE**

Authority: 1967 PA 227  
 Completion: Mandatory  
 Penalty: \$50.00

The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**BILLING INFORMATION**

ELEVATOR LOCATION (Building Name) LAKELAND EMERGENCY		COUNTY BERRIEN ①①	
LOCATION (Address) 31 N ST JOSEPH AVE		CITY NILES	
BILLING INFORMATION (Owner or Designated Agent) LAKELAND EMERGENCY		BILLING ADDRESS 31 N ST JOSEPH AVE NILES MI	
TYPE OF DEVICE 7		CLASS OF LOADING CLASS A	
TYPE OF CONTROL HX		CAPACITY 3500 LBS	
RATED SPEED 100 FPM		RISE OF CAR 4 FT 0 IN	
MANUFACTURED BY SCHINDLER (570)		MANUFACTURER'S NUMBER G2291	
CITY NILES		STATE MI	
ZIP CODE 49120		ZIP CODE 49120	

**CAR**

HOW OPERATED FROM CAR <input type="checkbox"/> HAND ROPE <input type="checkbox"/> CAR SWITCH <input type="checkbox"/> AUTO <input checked="" type="checkbox"/> PUSH BUTTON		FROM LANDING PUSH BUTTON	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIZE OF PLATFORM (inside) 5'-5 1/2" x 10'-9"	NUMBER OF CAR ENTRANCES <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ELECTRIC EYE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
POWER OPERATED DOOR REOPENING DEVICE <input type="checkbox"/> PROXIMITY <input checked="" type="checkbox"/> INFRARED <input type="checkbox"/> OTHER		CAR DOORS OR GATES POWER OPERATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
HOISTWAY DOORS ARE <input type="checkbox"/> SEQUENCE <input checked="" type="checkbox"/> SIMULTANEOUSLY		EMERGENCY EXITS <input type="checkbox"/> CAR TOP HINGED <input type="checkbox"/> CAR TOP REMOVABLE <input type="checkbox"/> SIDE PANEL	
EMERGENCY EXIT ELECTRIC CONTACT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF CAR SAFETY DEVICE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER	
POWER DOOR OPERATOR (Manufacturer's Name) QKS-10		EMERGENCY CALL <input checked="" type="checkbox"/> BELL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER	

CABLES	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		
NUMBER				DEFLECTOR	CAR	COUNTERWEIGHT
DIAMETER				SLACK CABLE DEVICE LOCATION <input type="checkbox"/> CAR <input type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER		
MATERIAL				FASTENINGS <input type="checkbox"/> TAPERED SOCKETS <input type="checkbox"/> CLIPS <input type="checkbox"/> WEDGE CLAMP		
CONSTRUCTION						
ROPING <input type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1 <input type="checkbox"/> SINGLE WRAPPED 2 TO 2 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1						

**MACHINE / CONTROL ROOM**

LOCATION <input type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input checked="" type="checkbox"/> FIRST FLOOR <input type="checkbox"/> OTHER			SELF-CLOSING SELF-LOCKING DOOR PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
MACHINE ROOM FULLY ENCLOSED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MACHINE TYPE 1. <input type="checkbox"/> CABLE 3. <input type="checkbox"/> ROPED HYDRAULIC 6. <input type="checkbox"/> OTHER 2. <input checked="" type="checkbox"/> DIRECT PLUNGER HYDRAULIC 4. <input type="checkbox"/> HAND POWER			POWER 1. <input checked="" type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER	
TYPE OF DRIVE Pump		TYPE OF BRAKE N-A.		DIAMETER OF SHEAVES / SPROCKETS / PULLEYS DRUM _____ INCHES TRACTION _____ INCHES		
TYPE OF GOVERNOR AND LOCATION N-A.			GOVERNOR TRIPPING SPEED _____ FPM		GOVERNOR OVERSPEED SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO	
H.P. 25		ELECTRIC MOTOR VOLTAGE 480 V.A.C. <input type="checkbox"/> D.C.		OPERATING DEVICE VOLTAGE 24 _____ V.A.C. <input checked="" type="checkbox"/> D.C.		DIAMETER OF PLUNGER 2.72 INCHES
FULLY EXPOSED CYLINDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CYLINDER PROTECTION TYPE N-A.		SHUTOFF VALVE LOCATION <input checked="" type="checkbox"/> PIT <input checked="" type="checkbox"/> MACHINE ROOM <input type="checkbox"/> OTHER		OVERSPEED VALVE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

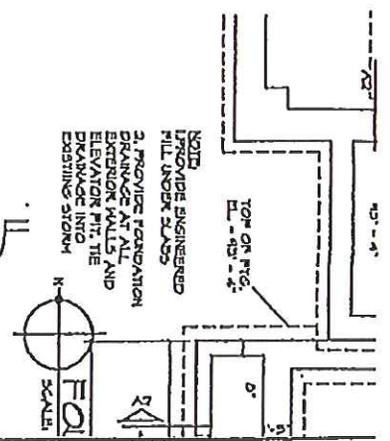
**CONTRACTOR SIGNATURE**

CONTRACTOR'S COMPANY NAME AND BRANCH (C.N.) SCHINDLER GRAND RAPIDS		CONTRACTOR LICENSE NUMBER 2101980		PERMIT FEE \$ 310	
CONTRACTOR'S SIGNATURE Bill				DATE 10-21-11	

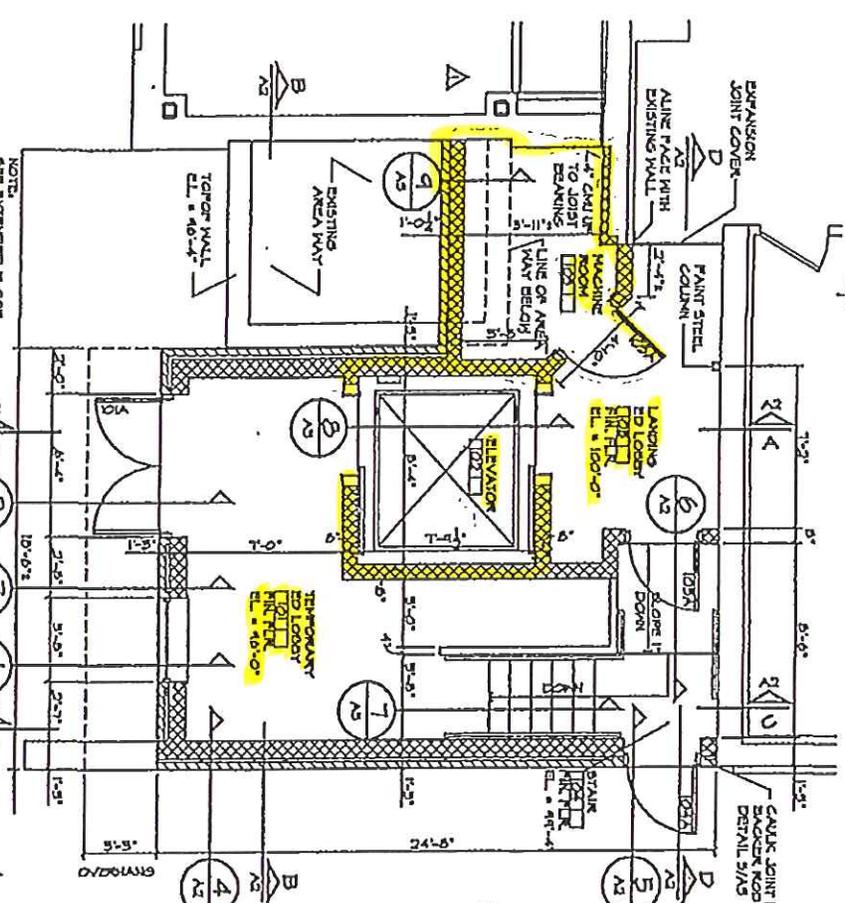


**FreemanWhite**

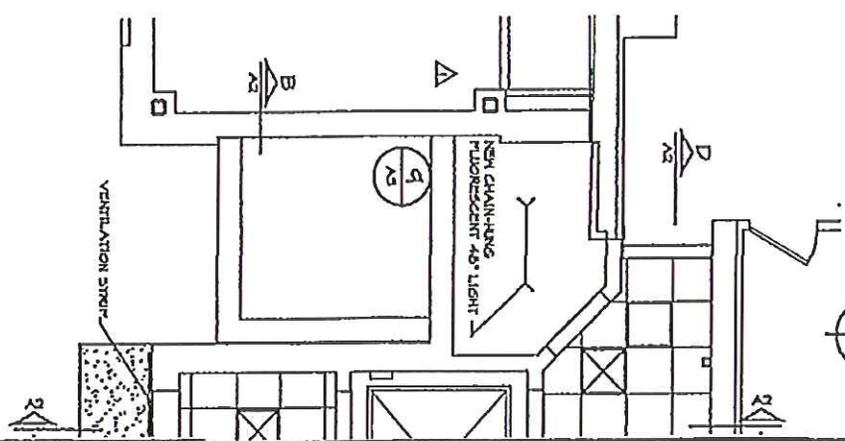
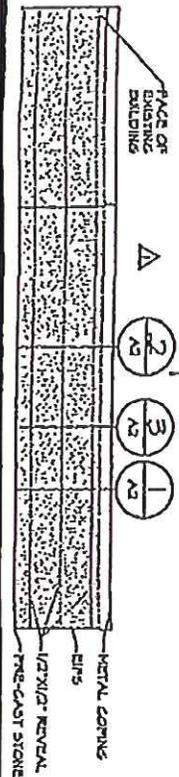
8945 Red Oak Blvd.  
 Charlotte, NC 28217-5593  
 704.523.2230 phone  
 704.523.2235 fax  
 NC Engineers License # F-0703



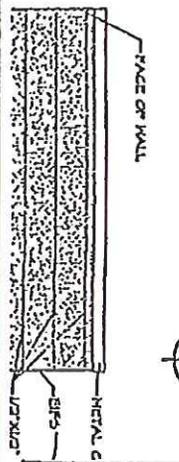
**DEMOLITION PLAN**  
 SCALE: 1/4" = 1'-0"



**FLOOR PLAN**  
 SCALE: 1/4" = 1'-0"



**REI**  
 SCALE:



**LAKELAND HEALTHCARE**

**ED EXPANSION & RENOVATION: TEMPORARY ED ENTRANCE**

NILES, MI  
 project number 8970010  
 date June 6, 2011  
 scale

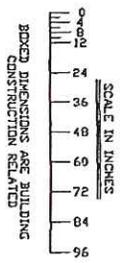
drawn by J.PARK  
 checked by D.PARK  
 annotations/revisions  
 NO. NAME DATE





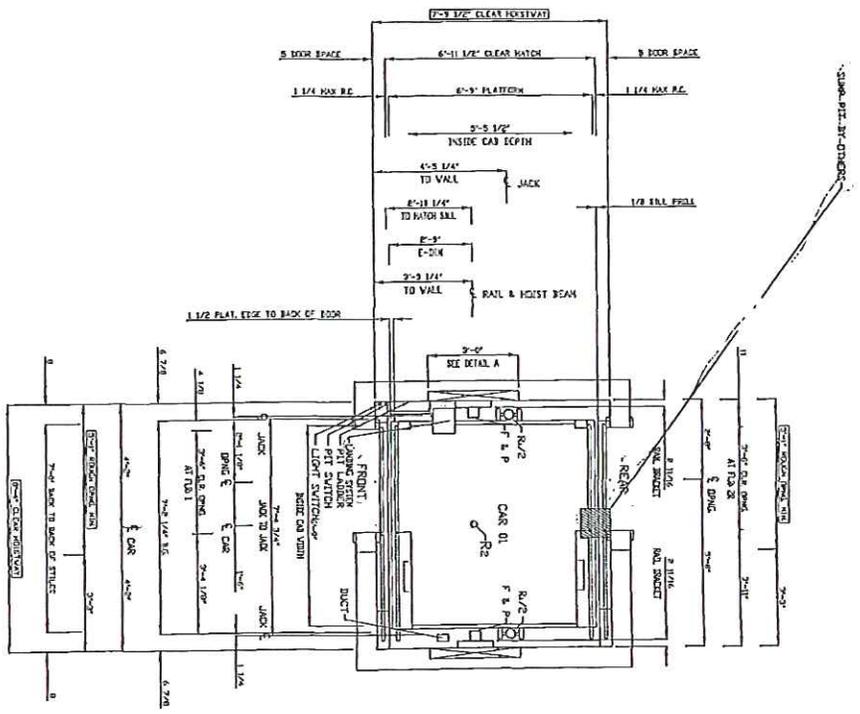






Car 01 accommodates a maximum  
 2234 x 6103

HATCH PLAN  
 AND THE DIMENSIONS ACCORDING  
 WITH LIGHT SWITCH IN PIT

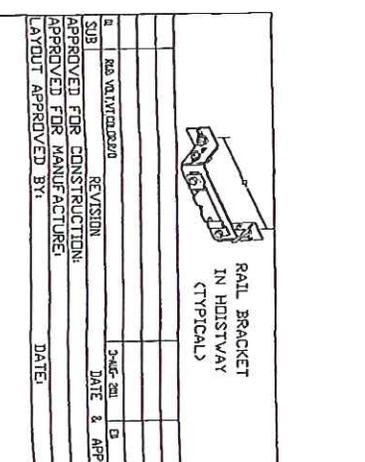
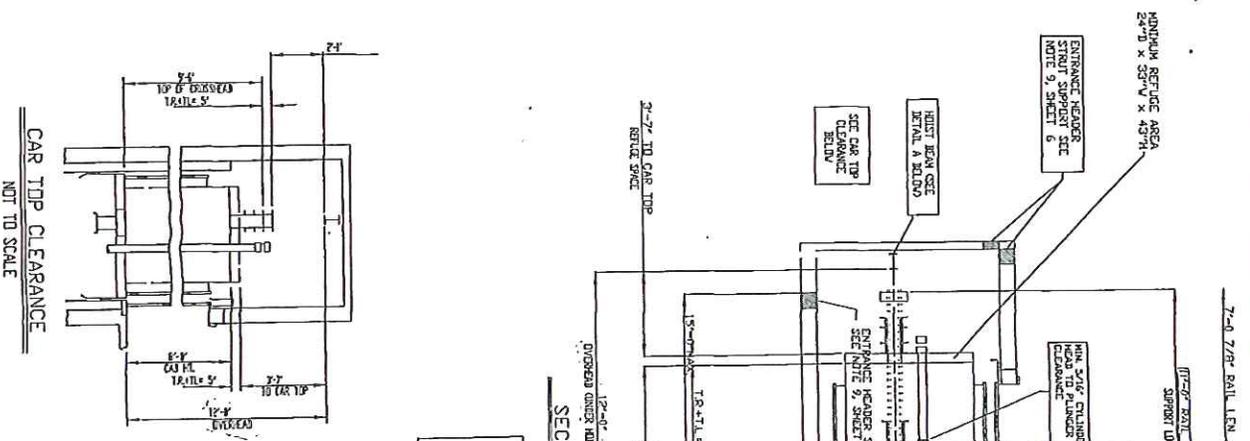
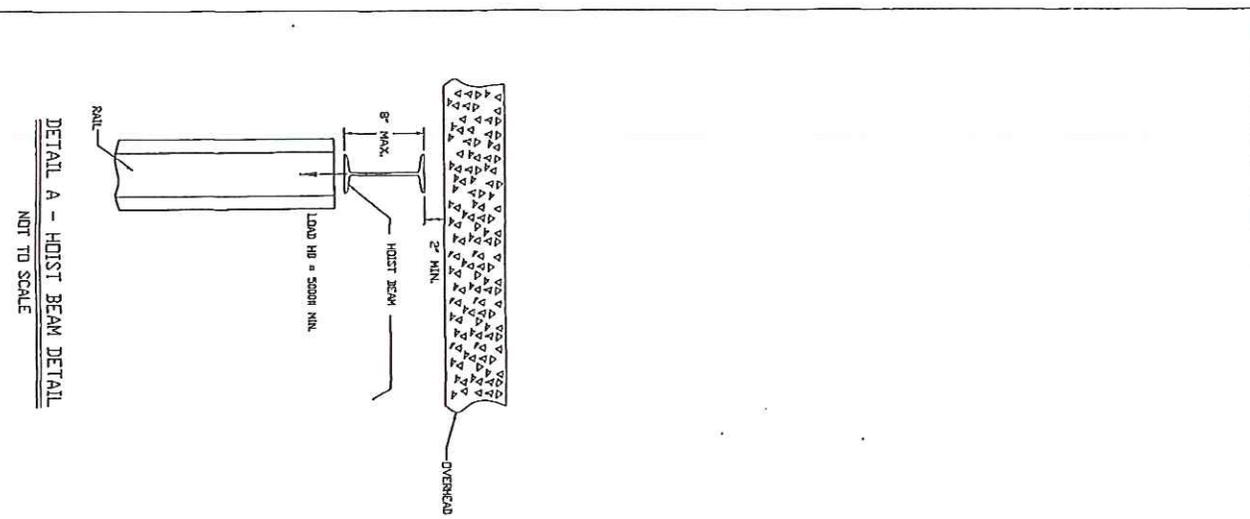


NO.	REVISION	DATE	BY	APPL.
1	REV. VALUATION	3-14-2001		
2	APPROVED FOR CONSTRUCTION			
3	APPROVED FOR MANUFACTURE			
4	LAYOUT APPROVED BY:			

**Schindler**  
 Schindler Elevator Corp.  
 Gateway Elevator Plant  
 1200 Blueville Road  
 Gettysburg, PA 17325  
 USA

THIS DRAWING FOR  
 RECORD ONLY

HCC2291 01 01 4 OF 6



NO.	DATE	REVISION
1	3-4-81	B
2	8-9-81	B

APPROVED FOR CONSTRUCTION: \_\_\_\_\_  
APPROVED FOR MANUFACTURE: \_\_\_\_\_  
LAYOUT APPROVED BY: \_\_\_\_\_

NOTE: FINAL RAIL STACK SPACING AND BRACKET SPACING SHALL BE DETERMINED IN THE FIELD. MAXIMUM BRACKET SPACING SHALL NOT EXCEED SHEET 2 REQUIREMENTS.

NOTE TO ARCHITECT: RAIL BRACKET SPACING SHALL BE AS SHOWN ON SHEET 2.

1 SUPPORT BETWEEN LANDING 1 & 2

**SCALE IN INCHES**

0 1 2 3 4 5 6 7 8 9 10

BOXED DIMENSIONS ARE BUILDING CONSTRUCTION RELATED

THIS DRAWING FOR RECORD ONLY

**Schindler**  
Schindler Elevator Corp.  
Galysburg Elevator Plant  
1200 Biglerville Road  
Galysburg, PA 17325  
USA

BUILDING: LANGLAND EMERGENCY  
LOCATION: TID NILES, IL 49120  
OWNER: LANGLAND HEALTHCARE  
ARCHITECT: 1  
ENGINEER: Eric Dettmer  
GENERAL CONTRACTOR: SHELTON CONSTRUCTION  
DRAWN BY: \_\_\_\_\_ DATE: 8/9/2011  
CONTRACT: \_\_\_\_\_ CAR: \_\_\_\_\_ SUB: \_\_\_\_\_ SHEET: \_\_\_\_\_

330A HYDRAULIC ELEVATOR PLANS AND DETAILS

11'-0" RAIL BRK SUPPORT LC.	8'-0" RAIL BRK SUPPORT LC.	8'-0" RAIL BRK SUPPORT LC.
MIN. 2 1/2" CLEARANCE HOISTWAY LANDING	MIN. 2 1/2" CLEARANCE HOISTWAY LANDING	MIN. 2 1/2" CLEARANCE HOISTWAY LANDING
ENTRANCE HEADER STRUT SUPPORT SEE NOTE 9, SHEET 6	ENTRANCE HEADER STRUT SUPPORT SEE NOTE 9, SHEET 6	ENTRANCE HEADER STRUT SUPPORT SEE NOTE 9, SHEET 6
HOIST BEAM SEE DETAIL A SHOWN	HOIST BEAM SEE DETAIL A SHOWN	HOIST BEAM SEE DETAIL A SHOWN
SEE CAR TOP CLEARANCE BELOW	SEE CAR TOP CLEARANCE BELOW	SEE CAR TOP CLEARANCE BELOW
2'-7" TO CAR TOP SERVICE SPEC	2'-7" TO CAR TOP SERVICE SPEC	2'-7" TO CAR TOP SERVICE SPEC
OVERHEAD GUIDE RAIL BEAM	OVERHEAD GUIDE RAIL BEAM	OVERHEAD GUIDE RAIL BEAM
12'-0" RAIL LEN	7'-0" RAIL LEN	8'-0" RAIL BRK SUPPORT LC.
15'-0" RAIL BRK SUPPORT LC.	15'-0" RAIL BRK SUPPORT LC.	15'-0" RAIL BRK SUPPORT LC.
17'-0" RAIL BRK SUPPORT LC.	17'-0" RAIL BRK SUPPORT LC.	17'-0" RAIL BRK SUPPORT LC.
7'-0" RAIL BRK SUPPORT LC.	7'-0" RAIL BRK SUPPORT LC.	7'-0" RAIL BRK SUPPORT LC.
ON ALL BRACKETS	ON ALL BRACKETS	ON ALL BRACKETS
RAIL BRK LDC SEE NOTE 8, SM 1 CITY	RAIL BRK LDC SEE NOTE 8, SM 1 CITY	RAIL BRK LDC SEE NOTE 8, SM 1 CITY
3'-5 1/2" RAIL BRK SUPPORT LC.	3'-5 1/2" RAIL BRK SUPPORT LC.	3'-5 1/2" RAIL BRK SUPPORT LC.
FRONT	FRONT	FRONT
2'-1 1/2" RAIL BRK SUPPORT LC.	2'-1 1/2" RAIL BRK SUPPORT LC.	2'-1 1/2" RAIL BRK SUPPORT LC.
4'-0" RAIL BRK SUPPORT LC.	4'-0" RAIL BRK SUPPORT LC.	4'-0" RAIL BRK SUPPORT LC.
4'-0" RAIL BRK SUPPORT LC.	4'-0" RAIL BRK SUPPORT LC.	4'-0" RAIL BRK SUPPORT LC.
PT. 21-5-1/2" RAIL BRK SUPPORT LC.	PT. 21-5-1/2" RAIL BRK SUPPORT LC.	PT. 21-5-1/2" RAIL BRK SUPPORT LC.
MIN. 24" X 48" W X 24" H REFUGUE AREA	MIN. 24" X 48" W X 24" H REFUGUE AREA	MIN. 24" X 48" W X 24" H REFUGUE AREA





TO: Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes  
Elevator Safety Division

ATTN: Cal Rogler/Elevator Safety Division Board

Subject: Mr. Jon Helmuth-Applicant Class C License

At the last board meeting (August 26, 2011) I was asked to prepare a log indicating the number of hours I have worked on, tested, inspected and assisted in the new installation of man-lifts, that include OME, OMH, SL, and SPPE, all while under the supervision of Jeffery Parsell license #2100610. Attached you will find all the hours worked each week from January 2005 through September 2011. I would also like to test so I may work on the BL lifts as well as all others indicated.

d/s Services wishes to remain steadfast in its commitment to the elevator industry and our wish is that Jon be allowed to test for his license. The reputation of d/s Services has been one of dedicated professionals, who deliver quality work in a timely manner. We take great pride in our work and realize that the company has survived for over 25 years because of the hard work and dedication established by the two generations which include both Carl and Jeff Parsell, that have come before Jon. They place their trust and the company's reputation in Jon's hands and he would like to continue to bring pride and safety to all we serve.

**Jan. 2005**

Jan 3-Jan7 17hrs  
 Jan10-Jan14 6.5hrs  
 Jan17-Jan21 40hrs  
 Jan24-Jan28 14hrs

**Feb.2005**

Jan31-Feb4 26hrs  
 Feb7-Feb11 21hrs  
 Feb14-Feb18 10hrs  
 Feb21-Feb24 38hrs

**March 2005**

Feb28-Mar4 38.5hrs  
 Mar7-Mar11 34hrs  
 Mar14-Mar18 16hrs  
 Mar21-Mar25 10hrs  
 Mar28-Apr1 0hrs

**April 2005**

Apr4-Apr8 10hrs  
 Apr11-Apr15 10hrs  
 Apr18-Apr22 0hrs  
 Apr25-Apr29 9hrs

**May 2005**

May2-May6 17hrs  
 May9-May13 10hrs  
 May16-May20 25hrs  
 May23-May27 15hrs.

**June 2005**

May31-June3 18hrs  
 June13-June17 9hrs  
 June20-June24 0hrs  
 June27-June30 10hrs

**July 2005**

July4-July8 18hrs  
 July11-July15 0hrs  
 July18-July22 6hrs  
 July25-July29 7hrs

**August 2005**

Aug1-Aug5 18hrs  
 Aug8-Aug12 11hrs  
 Aug15-Aug19 0hrs  
 Aug22-Aug26 0hrs

**September 2005**

Aug29-Sept3 0hr  
 Sept5-Sept9 0hrs  
 Sept12-Sept16 6hrs  
 Sept19-Sept23 16.5hrs  
 Sept26-Sept30 0hrs

**October 2005**

Oct3-Oct7 0hrs  
 Oct10-Oct14 0hrs  
 Oct17-Oct21 0hrs  
 Oct24-Oct28 17hrs

**November 2005**

Oct31-Nov4 0hrs  
 Nov7-Nov11 0hrs  
 Nov14-Nov18 7hrs  
 Nov28-Dec2 0hrs

**December 2005**

Dec5-Dec9 0hrs  
 Dec12-Dec16 0hrs  
 Dec19-Dec23 11hrs  
 Dec26-Dec30 0hrs

**Total 2005 Hours 547**

**Jan. 2006**

Jan 3-Jan7 17hrs  
 Jan9-Jan13 12hrs  
 Jan16-Jan20 20hrs  
 Jan23-Jan27 22hrs

**Feb.2006**

Jan30-Feb3 16hrs  
 Feb6-Feb11 0hrs  
 Feb13-Feb17 0hrs  
 Feb20-Feb24 0hrs

**March 2006**

Feb27-Mar3 13.5hrs  
 Mar6-Mar10 22hrs  
 Mar13-Mar17 0hrs  
 Mar20-Mar24 0hrs  
 Mar27-Mar31 17hrs

**April 2006**

Apr3-Apr7 39hrs  
 Apr10-Apr14 48hrs  
 Apr17-Apr21 0hrs  
 Apr24-Apr28 17hrs

**May 2006**

May1-May5 13hrs  
 May8-May12 5hrs  
 May15-May19 0hrs  
 May22-May26 26hrs.

**June 2006**

May30-June2 0hrs  
 June5-June9 30.5hrs  
 June12-June16 18.5hrs  
 June19-June23 0hrs  
 June26-June30 0hrs

**July 2006**

July3-July7 6hrs  
 July10-July14 0hrs  
 July17-July20 8hrs  
 July24-July28 14hrs

**August 2006**

July31-Aug4 10hrs  
 Aug7-Aug11 12hrs  
 Aug14-Aug18 0hrs  
 Aug21-Aug25 0hrs  
 Aug28-Sept1 0hrs

**September 2006**

Sept4-Sept8 14hr  
 Sept11-Sept16 0hrs  
 Sept18-Sept22 14hrs  
 Sept25-Sept29 10.5hrs

**October 2006**

Oct2-Oct6 6hrs  
 Oct9-Oct13 8hrs  
 Oct16-Oct20 16hrs  
 Oct23-Oct27 0hrs  
 Oct30-Nov3 15hrs

**November 2006**

Nov6-Nov10 0hrs  
 Nov13-Nov17 0hrs  
 Nov20-Nov24 0hrs  
 Nov27-Dec1 0hrs

**December 2006**

Dec4-Dec8 0hrs  
 Dec11-Dec15 0hrs  
 Dec16-Dec22 14hrs  
 Dec25-Dec29 0hrs

**Total 2006 Hours 484**

**Jan. 2007**

Jan 2-Jan5 19.5hrs  
 Jan8-Jan12 25hrs  
 Jan15-Jan19 20hrs  
 Jan22-Jan26 10hrs  
 Jan29-Feb3 0hrs

**Feb.2007**

Feb5-Feb9 11hrs  
 Feb12-Feb16 12hrs  
 Feb19-Feb23 0hrs  
 Feb26-Mar2 0hrs

**March 2007**

Mar5-Mar9 21hrs  
 Mar12-Mar16 15hrs  
 Mar19-Mar23 37hrs  
 Mar26-Mar30 6hrs

**April 2007**

Apr2-Apr6 28hrs  
 Apr9-Apr13 7.5hrs  
 Apr16-Apr20 0hrs  
 Apr23-Apr27 18hrs

**May 2007**

Apr30-May4 15hrs  
 May7-May11 0hrs  
 May14-May18 0hrs  
 May21-May25 0hrs.  
 May28-June1 0hrs

**June 2007**

June4-June8 6hrs  
 June11-June15 14hrs  
 June18-June22 6hrs  
 June25-June29 0hrs

**July 2007**

July2-July6 0hrs  
 July9-July13 0hrs  
 July16-July20 32hrs  
 July23-July27 17.5hrs

**August 2007**

July30-Aug3 0hrs  
 Aug6-Aug10 8hrs  
 Aug13-Aug17 0hrs  
 Aug20-Aug24 8.5hrs

**September 2007**

Sept4-Sept7 0hr  
 Sept10-Sept14 0hrs  
 Sept17-Sept21 9hrs  
 Sept24-Sept28 0hrs

**October 2007**

Oct1-Oct5 16hrs  
 Oct8-Oct12 0hrs  
 Oct15-Oct19 0hrs  
 Oct22-Oct26 0hrs  
 Oct29-Nov2 10hrs

**November 2007**

Nov5-Nov9 15hrs  
 Nov12-Nov16 0hrs  
 Nov19-Nov23 11hrs  
 Nov26-Nov30 5hrs

**December 2007**

Dec3-Dec7 0hrs  
 Dec10-Dec14 18hrs  
 Dec17-Dec21 11hrs  
 Dec23-Dec30 0hrs

**Total 2007 Hours 434**

**Jan. 2008**

Jan 7-Jan11 0hrs  
 Jan14-Jan18 12hrs  
 Jan21-Jan25 24hrs  
 Jan28-Feb1 25hrs

**Feb.2008**

Feb4-Feb8 10hrs  
 Feb11-Feb15 8hrs  
 Feb18-Feb22 15hrs  
 Feb25-Feb29 17hrs

**March 2008**

Mar3-Mar7 2hrs  
 Mar10-Mar14 9hrs  
 Mar17-Mar21 14hrs  
 Mar24-Mar28 4hrs  
 Mar31-Apr4 40.5hrs

**April 2008**

Apr7-Apr12 57.5hrs  
 Apr14-Apr18 9hrs  
 Apr21-Apr25 3hrs  
 Apr28-May2 26hrs

**May 2008**

May5-May9 0hrs  
 May12-May16 30hrs  
 May19-May23 22hrs  
 May26-May30 6hrs.

**June 2008**

June2-June6 40hrs  
 June9-June15 15hrs  
 June16-June20 12hrs  
 June23-June27 10hrs

**July 2008**

June30-July4 10hrs  
 July7-July11 0hrs  
 July14-July18 6hrs  
 July21-July25 0hrs  
 July28-Aug2 4hrs

**August 2008**

Aug4-Aug8 0hrs  
 Aug11-Aug15 10hrs  
 Aug18-Aug22 0hrs  
 Aug25-Aug29 6hrs

**September 2008**

Sept1-Sept5 0hr  
 Sept8-Sept12 0hrs  
 Sept15-Sept19 17hrs  
 Sept22-Sept26 0hrs  
 Sept29-Oct3 0hrs

**October 2008**

Oct6-Oct10 7hrs  
 Oct13-Oct17 10hrs  
 Oct20-Oct24 0hrs  
 Oct27-Oct31 0hrs

**November 2008**

Nov3-Nov7 10hrs  
 Nov10-Nov14 29hrs  
 Nov17-Nov21 0hrs  
 Nov24-Nov28 9hrs

**December 2008**

Dec1-Dec5 37hrs  
 Dec8-Dec12 0hrs  
 Dec15-Dec19 11.5hrs  
 Dec22-Dec26 16hrs

**Total 2008 Hours 624.5**

**Jan. 2009**

Jan 5-Jan9 35hrs  
 Jan12-Jan17 53hrs  
 Jan19-Jan23 33hrs  
 Jan26-Jan30 23hrs

**Feb.2009**

Feb2-Feb6 17hrs  
 Feb9-Feb13 12hrs  
 Feb16-Feb20 0hrs  
 Feb23-Feb27 12hrs

**March 2009**

Mar2-Mar6 25.5hrs  
 Mar9-Mar13 14hrs  
 Mar16-Mar20 33hrs  
 Mar23-Mar27 16hrs  
 Mar30-Apr3 0hrs

**April 2009**

Apr6-Apr10 38hrs  
 Apr13-Apr17 0hrs  
 Apr20-Apr24 0hrs  
 Apr27-May2 0hrs

**May 2009**

May4-May8 14hrs  
 May11-May15 0hrs  
 May18-May22 8hrs  
 May25-May29 32hrs.

**June 2009**

June1-June5 22hrs  
 June8-June12 16hrs  
 June15-June19 0hrs  
 June22-June26 4hrs  
 June29-July3 0hrs

**July 2009**

July6-July10 10hrs  
 July13-July17 0hrs  
 July20-July24 17hrs  
 July27-July31 0hrs

**August 2009**

Aug3-Aug7 0hrs  
 Aug10-Aug14 10hrs  
 Aug17-Aug21 0hrs  
 Aug24-Aug28 7hrs

**September 2009**

Aug31-Sept4 0hr  
 Sept7-Sept11 0hrs  
 Sept14-Sept18 0hrs  
 Sept21-Sept25 6hrs  
 Sept28-Oct2 14hrs

**October 2009**

Oct5-Oct9 13hrs  
 Oct12-Oct16 16hrs  
 Oct19-Oct23 13hrs  
 Oct26-Oct30 0hrs

**November 2009**

Nov2-Nov6 8.5hrs  
 Nov9-Nov13 24hrs  
 Nov16-Nov20 10hrs  
 Nov23-Nov27 0hrs

**December 2009**

Nov30-Dec4 10hrs  
 Dec7-Dec11 0hrs  
 Dec14-Dec18 14.5hrs  
 Dec21-Dec25 8hrs

**Total 2009 Hours 588.5**

**Jan. 2010**

Jan 4-Jan8 30hrs  
 Jan11-Jan15 33.5hrs  
 Jan18-Jan22 23hrs  
 Jan25-Jan29 25.5hrs

**Feb.2010**

Feb1-Feb5 31hrs  
 Feb8-Feb12 27.5hrs  
 Feb15-Feb19 31hrs  
 Feb22-Feb26 38hrs

**March 2010**

Mar1-Mar5 18hrs  
 Mar8-Mar12 17hrs  
 Mar15-Mar19 14hrs  
 Mar22-Mar26 32hrs  
 Mar29-Apr4 2hrs

**April 2010**

Apr5-Apr9 23hrs  
 Apr12-Apr16 0hrs  
 Apr19-Apr23 15hrs  
 Apr26-Apr30 23hrs

**May 2010**

May3-May7 40hrs  
 May10-May14 34.5hrs  
 May17-May21 8hrs  
 May24-May28 14hrs.

**June 2010**

May31-June4 0hrs  
 June7-June11 28hrs  
 June14-June18 12hrs  
 June21-June25 0hrs  
 June28-July2 18hrs

**July 2010**

July5-July9 6hrs  
 July12-July16 0hrs  
 July19-July23 9hrs  
 July26-July30 0hrs

**August 2010**

Aug2-Aug6 14hrs  
 Aug9-Aug13 21hrs  
 Aug16-Aug20 0hrs  
 Aug23-Aug27 0hrs  
 Aug30-Sept3 0hrs

**September 2010**

Sept6-Sept10 9hr  
 Sept13-Sept17 7hrs  
 Sept20-Sept24 23hrs  
 Sept27-Oct1 19hrs

**October 2010**

Oct4-Oct8 6hrs  
 Oct11-Oct15 0hrs  
 Oct18-Oct22 15hrs  
 Oct25-Oct29 0hrs

**November 2010**

Nov1-Nov5 23hrs  
 Nov8-Nov12 20hrs  
 Nov15-Nov19 16hrs  
 Nov22-Nov26 14hrs  
 Nov29-Dec3 10hrs

**December 2010**

Dec6-Dec10 44  
 Dec13-Dec17 0hrs  
 Dec20-Dec24 11hrs  
 Dec27-Dec31 0hrs

**Total 2010 Hours 820**

**Jan. 2011**

Jan 3-Jan7 23hrs  
 Jan10-Jan14 28hrs  
 Jan17-Jan21 0hrs  
 Jan24-Jan28 23hrs

**Feb.2011**

Jan31-Feb4 19hrs  
 Feb7-Feb11 19.5hrs  
 Feb14-Feb18 18hrs  
 Feb21-Feb25 12.5hrs

**March 2011**

Feb28-Mar4 23hrs  
 Mar7-Mar11 18hrs  
 Mar14-Mar18 33hrs  
 Mar21-Mar25 13.5hrs  
 Mar28-Apr1 31hrs

**April 2011**

Apr4-Apr8 14hrs  
 Apr11-Apr15 11hrs  
 Apr18-Apr22 0hrs  
 Apr25-Apr29 18hrs

**May 2009**

May2-May6 25hrs  
 May9-May13 10hrs  
 May16-May20 19hrs  
 May23-May27 47hrs.

**June 2009**

May30-June3 25hrs  
 June6-June10 21hrs  
 June13-June17 10.5hrs  
 June20-June24 21hrs  
 June27-July1 5hrs

**July 2011**

July4-July8 13hrs  
 July11-July15 0hrs  
 July18-July22 45hrs  
 July25-July29 69.5hrs

**August 2011**

Aug1-Aug5 52.5hrs  
 Aug8-Aug12 60.5hrs  
 Aug15-Aug19 48hrs  
 Aug22-Aug26 34hrs

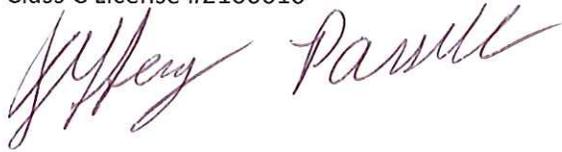
**September 2011**

Aug29-Sept2 0hr  
 Sept5-Sept9 31hrs  
 Sept12-Sept16 19hrs  
 Sept19-Sept23 6hrs  
 Sept26-Sept30 14hrs

**Total 2010 Hours 874.5**

I, Jeffery Parsell, Class C Elevator License #2100610, by my signature below, hereby certify that Jon Helmuth has assisted and worked on OME, OMH, SL and SPPE elevators on the days indicated herein and the hours indicated.

Jeffery Parsell  
December 13, 2011  
Class C License #2100610

A handwritten signature in cursive script that reads "Jeffery Parsell". The signature is written in black ink and is positioned below the printed name and date.

**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

Bureau of Construction Codes

Elevator Safety Division

2501 Woodlake Circle

Okemos, MI 48864

(517) 241-9337

2012

**Schedule of Elevator Safety Board Meetings  
And Licensing Examinations**

**BOARD MEETINGS**

<u>DATE</u>	<u>LOCATION</u>	<u>TIME</u>	<u>APPLICATION DEADLINE</u>
Friday, January 20, 2012	Okemos, Conf 3	9:30 a.m.	December 23, 2011
Friday, March 23, 2012	Okemos, Conf 3	9:30 a.m.	February 25, 2012
Friday, June 8, 2012	Okemos, Conf 3	9:30 a.m.	May 11, 2012
Friday, August 24, 2012	Okemos, Conf 3	9:30 a.m.	July 27, 2012
Friday, November 2, 2012	Okemos, Conf 3	9:30 a.m.	October 5, 2012

**EXAMINATION DATES**

**CONTRACTOR AND  
GENERAL COC EXAM**

<u>DATE</u>	<u>LOCATION</u>	<u>TIME</u>	<u>APPLICATION DEADLINE</u>
Friday, January 20, 2012	Okemos, Conf 2	9:30 a.m.	December 23, 2011
Friday, March 23, 2012	Okemos, Conf 2	9:30 a.m.	February 25, 2012
Friday, June 08, 2012	Okemos, Conf 2	9:30 a.m.	May 11, 2012
Friday, August 24, 2012	Okemos, Conf 2	9:30 a.m.	July 27, 2012
Friday, November 2, 2012	Okemos, Conf 2	9:30 a.m.	October 5, 2012

**JOURNEYPERSON EXAM**

<u>DATE</u>	<u>LOCATION</u>	<u>TIME</u>	<u>APPLICATION DEADLINE</u>
Tuesday, January 24, 2012	Okemos, Conf 3	9:30 a.m.	January 3, 2012
Tuesday, March 27, 2012	Okemos, Conf 3	9:30 a.m.	March 6, 2012
Tuesday, May 22, 2012	Okemos, Conf 3	9:30 a.m.	May 1, 2012
Tuesday, July 24, 2012	Okemos, Conf 3	9:30 a.m.	July 3, 2012
Tuesday, September 18, 2012	Okemos, Conf 3	9:30 a.m.	August 28, 2012
Tuesday, November 20, 2012	Okemos, Conf 3	9:30 a.m.	October 30, 2012

**Mailing address: LARA/BCC/Elevator Safety  
PO Box 30255  
Lansing MI 48909**

The meeting site and parking are accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional services (such as materials in alternative format) in order to participate in the meeting should call Lynn Weston at (517) 241-9337 at least 10 work days before the event. LARA is an equal opportunity employer/program.